

OF COVERAGE UNDER THE NPDES GENERAL PERMIT NO. CAS00001 AND CAG612001
FOR DISCHARGES OF STORM WATER
ASSOCIATED WITH INDUSTRIAL ACTIVITY

4. The facility is not required by federal regulations to be covered by a storm water permit.
Type of facility

- 5 Discharge of industrial storm water from the facility is now subject to another NPDES general permit or to an individual NPDES permit.
NPDES Permit No. _____ Date coverage began ____/____/____
- 6 There is a new owner/operator of the identified facility.

Date of owner/operator transfer ____/____/____ Has the new owner/operator been notified of NPDES General Permit requirements? Yes ___ No ___

NEW OWNER/OPERATOR INFORMATION

| | | | |
|----------------------|-------------|----------------------|-------------|
| COMPANY NAME _____ | | CONTACT PERSON _____ | |
| STREET ADDRESS _____ | | TITLE _____ | |
| CITY _____ | STATE _____ | ZIP _____ | PHONE _____ |

V. EXPLANATION OF BASIS OF TERMINATION (Attach site photographs - see instructions)

All of Laidlaw's operations have been terminated at this facility. Please see attached photographs.

VI. CERTIFICATION

I certify under penalty of law that all storm water discharges associated with industrial activity from the identified facility that are permitted under NPDES General Permit No's CAS000001 and CAG612001 have been eliminated or that I am no longer permitted to discharge storm water associated with industrial activity under the General Permit, and that discharging storm water associated with industrial activity to waters of the United States is unlawful under the Clean Water Act where the discharge is not authorized by a NPDES permit. I also understand that the submittal of this Notice of Termination does not release an owner/operator from liability for any violations of the General Permit or the Clean Water Act.

PRINTED NAME DUANE R. MARSH TITLE DIRECTOR OF MAINTENANCE
SIGNATURE Duane R. Marsh DATE 6/19/97

REGIONAL WATER BOARD USE ONLY

This notice of Termination has been reviewed, and I recommend termination of the coverage under the subject NPDES General Permit.

Printed Name JOSHUA M. WORKMAN Region No. 4

Signature Joshua M. Workman Date 6/21/97

